

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00196246

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y Y 10 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2013		<span style="border: 1px solid black; padding: 2px;">292506.39</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">341823.05</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">40435.80</span>	<span style="border: 1px solid black; padding: 2px;">474856.42</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">382258.85</span>	<span style="border: 1px solid black; padding: 2px;">767362.81</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">52762.99</span>	<span style="border: 1px solid black; padding: 2px;">437866.95</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">329495.86</span>	<span style="border: 1px solid black; padding: 2px;">329495.86</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33784.36	385740.94
(ii) Unitemized .....	6651.44	85615.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	40435.80	471356.42
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	40435.80	471356.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	40435.80	474856.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	40435.80	474856.42

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	162.99	2122.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	162.99	2122.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52500.00	431500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	4244.42
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	4244.42
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52762.99	437866.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52762.99	437866.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	40435.80	471356.42
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	4244.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40335.80	467112.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	162.99	2122.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	162.99	2122.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Ray Balyeat**

Mailing Address Ste 400

2000 S Wheeling Ave

City

Tulsa

State

OK

Zip Code

74104-5641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 21 / 2013

Transaction ID : BE068E75-3545-4627-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Roger Alfred Barth**

Mailing Address 160 Heritage Way Ste 202

City

Kalispell

State

MT

Zip Code

59901-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 30 / 2013

Transaction ID : C5D8FFAC-F56B-4E3E-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Vineet Batra**

Mailing Address 15051 Hesperian Blvd Ste A

City

San Leandro

State

CA

Zip Code

94578-3536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 24 / 2013

Transaction ID : EE28D387-A47A-4446-B

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Peter Berkowitz**

Mailing Address 532 S Aiken Ave Ste 520

City  
Pittsburgh

State  
PA

Zip Code  
15232-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 30 / 2013

Transaction ID : 6855B78D-AFD1-47AB-A

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **B. Kevin Blinder**

Mailing Address Ste 800  
1600 S Brentwood Blvd

City

Saint Louis

State

MO

Zip Code

63144-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

10 / 29 / 2013

Transaction ID : DEED6F49-E066-44F8-A

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

## **C. David Bogorad**

Mailing Address 2509 Walton Way

City

Augusta

State

GA

Zip Code

30904-4561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.95

Date of Receipt

10 / 16 / 2013

Transaction ID : 218FEAC7-DBB1-4364-A

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

379.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 8 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Craig Brown**

Mailing Address 594 E Millsap Rd

City Fayetteville State AR Zip Code 72703-4096

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 666EAA06-2D8D-4F8B-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. John Burchfield**

Mailing Address 2865 N Reynolds Rd  
Ste 170

City Toledo State OH Zip Code 43615

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 8C6AC0C0-BBA5-4874-A

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. Frank Burns**

Mailing Address 13324 Shelbyville Rd.

City Louisville State KY Zip Code 40223

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.64

Date of Receipt

10 / 16 / 2013

Transaction ID : 1B0C08B2-6D61-4DA3-A

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

473.33

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Hak Chung**

Mailing Address 2070 Pleasant Hill Road  
Suite 100

City State Zip Code  
Duluth GA 30096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

Transaction ID : B436E9B1-C1D0-4503-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Donald Cinotti**

Mailing Address 600 Pavonia Ave  
6th Fl

City State Zip Code  
Jersey City NJ 07306-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : BD9A3761-D9E9-44B8-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. S. William William Clark**

Mailing Address 502 Isabella St

City State Zip Code  
Waycross GA 31501-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : 6473BE1B-3A5C-47FD-A

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1073.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Bret Crumpton**

Mailing Address Ste B

2616 Warm Springs Rd

City

Columbus

State

GA

Zip Code

31904-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 24 / 2013

Transaction ID : 7AA0E01A-9882-4D84-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Craig Czyz**

Mailing Address 1100 Oregon Ave

City

Columbus

State

OH

Zip Code

43201-3371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 05 / 2013

Transaction ID : 3E609A6D-3C43-41C5-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Michael Elman**

Mailing Address Ste 310

9114 Philadelphia Rd

City

Baltimore

State

MD

Zip Code

21237-4350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1304.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 16 / 2013

Transaction ID : 45C04289-C5A0-4B68-9

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

1395.42

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Thomas Essman**

Mailing Address 1645 East Meadowmere

City State Zip Code  
 Springfield MO 65804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2013

Transaction ID : 15C8FC98-EB9A-4FEB-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Stan Feil**

Mailing Address Ste A

112 N Akers St

City State Zip Code  
 Visalia CA 93291-5121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

10 / 16 / 2013

Transaction ID : 7887E220-48FB-412B-B

Amount of Each Receipt this Period

41.64

Full Name (Last, First, Middle Initial)

**C. Jerry Ford**

Mailing Address 2020 Fleischmann Rd

City State Zip Code  
 Tallahassee FL 32308-4599

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

10 / 16 / 2013

Transaction ID : E89BA602-BE68-464F-9

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

572.06

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Thomas Gardner**

Mailing Address 756 Marion St

City

Denver

State

CO

Zip Code

80218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2013

**Transaction ID : 933E6380-5225-4F52-8**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Blake Geren**

Mailing Address 3120 S. 57th St.

City

Fort Smith

State

AR

Zip Code

72903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2013

**Transaction ID : 3FEDA6CB-160D-4CB2-A**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Michael Gold**

Mailing Address Ste L10

55-15 Little Neck Pkwy

City

Little Neck

State

NY

Zip Code

11362-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

**Transaction ID : 90BBB2E9-D18F-4AD2-9**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1095.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 13 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Robert Gold**

Mailing Address 790 Concourse Parkway South  
Suite 200

City State Zip Code  
Maitland FL 32751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : CBD1F7C2-A62C-4EFB-B

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **B. Steven Goodrich**

Mailing Address Ste 585A  
621 S New Ballas Rd

City State Zip Code  
St Louis MO 63141-8232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2013

Transaction ID : 039622A5-B63E-43CA-A

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

## **C. Richard Grostern**

Mailing Address 3424 N Leavitt St

City State Zip Code  
Chicago IL 60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : B26B69CB-4360-4C7F-9

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

729.42

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Vamsi Gullapalli**

Mailing Address 6906 Sir Lancelot

City

Corpus Christi

State

TX

Zip Code

78413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : FFE4B7C9-1A44-4A69-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. John Hagan**

Mailing Address 9401 N Oak Trfy Ste 200

City

Kansas City

State

MO

Zip Code

64155-3393

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : 31320DA5-C462-422F-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Roy Hager**

Mailing Address 4255 Carmichael Ct N

City

Montgomery

State

AL

Zip Code

36106-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

Transaction ID : C9EFF32D-7009-4208-B

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

531.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Frank Hannah**

Mailing Address Eye Surgery Center  
1622 E Marion St

City State Zip Code  
Shelby NC 28150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

Transaction ID : 823DD24A-EC55-43E7-8

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Heier**

Mailing Address 50 Staniford St, Ste 600

City State Zip Code  
Boston MA 02114-2587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2013

Transaction ID : 520B525D-3036-45C4-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jeffery Hottman**

Mailing Address 18411 Shadow Ridge Drive

City State Zip Code  
Omaha NE 68130-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2013

Transaction ID : 0A8A2B43-2215-4FDC-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

3865.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. David Hunter**

Mailing Address 300 Longwood Ave

City  
Boston

State  
MA

Zip Code  
02115-5724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.25

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

**Transaction ID : D74F9966-333D-4100-A**

Amount of Each Receipt this Period

22.38

Full Name (Last, First, Middle Initial)

**B. Robert Janigian**

Mailing Address Ste 303  
120 Dudley St

City  
Providence

State  
RI

Zip Code  
02905-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

**Transaction ID : 883082F1-9E85-4255-8**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Jerome Jordan**

Mailing Address 200 Mifflin Avenue

City  
Scranton

State  
PA

Zip Code  
18503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : 070F0315-E2DE-4946-A**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.72

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Emilio Justo**

Mailing Address 19052 R. H. Johnson Blvd

City State Zip Code  
Sun City West AZ 85375-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2013

Transaction ID : A294DB2E-7EF9-4734-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Curtin Kelley**

Mailing Address Ste 320  
262 Neil Ave

City State Zip Code  
Columbus OH 43215-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2013

Transaction ID : 4499B903-F55B-48A6-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Dennis Kilpatrick**

Mailing Address 6701 E Caron Dr

City State Zip Code  
Paradise Valley AZ 85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2013

Transaction ID : 523FD374-F710-4132-B

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. William Kilpatrick**

Mailing Address 7550 E 2nd St

City

Scottsdale

State

AZ

Zip Code

85251-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

10 / 21 / 2013

**Transaction ID : FBAD2BF5-8A29-4E96-8**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Craig King**

Mailing Address Ste 100

3209 N 4th St

City

Longview

State

TX

Zip Code

75605-5145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

10 / 16 / 2013

**Transaction ID : 52A76247-B91E-4BDE-B**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Judith Kirby**

Mailing Address 4209 Bordeaux Ave

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

10 / 16 / 2013

**Transaction ID : B2B62A04-C5BC-42A2-B**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

478.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. David Kleiman**

Mailing Address 3025 Matlock Rd

City  
Arlington

State Zip Code  
TX 76015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2013

Transaction ID : 32C1383D-6A0E-4651-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Sylvia Kodsi**

Mailing Address 300 E 33rd St Apt 21M

City  
New York

State Zip Code  
NY 10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

10 / 25 / 2013

Transaction ID : 75CE8D2F-7D8E-4E13-8

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**C. Elmar M. Lawaczeck**

Mailing Address 6024 Brookhill Circle

City  
Birmingham

State Zip Code  
AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2013

Transaction ID : 350F3D05-D671-4A81-A

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1199.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 20 OF 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Elise Leonard**

Mailing Address Ste 300

8890 W Oakland Park Blvd

City

Sunrise

State

FL

Zip Code

33351-7224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2013

Transaction ID : CEDF14C3-3BEA-4ACD-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Andrew Lewis**

Mailing Address 102 Dawn Pl

City

Yorktown

State

VA

Zip Code

23693-3628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 22 / 2013

Transaction ID : 4ED2E3D0-74BA-4F01-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Scott Limstrom**

Mailing Address 3500 Latouche St

City

Anchorage

State

AK

Zip Code

99508-4209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2013

Transaction ID : 1CE89460-0BD3-43FD-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Solomon C. C. Luo**

Mailing Address 201 E Laurel Blvd

City Pottsville State PA Zip Code 17901

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 22 / 2013

Transaction ID : F200D92B-FFD1-48A1-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Mick Manzi**

Mailing Address 18426 Brookhurst St  
suite # 103

City Fountain Valley State CA Zip Code 92708

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 25 / 2013

Transaction ID : B5E432A8-470B-4E7B-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Thomas Marvelli**

Mailing Address 6273 Granbury Rd

City Fort Worth State TX Zip Code 76133

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

10 / 16 / 2013

Transaction ID : 8E4D3B3C-24B0-4458-B

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

760.42

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Benjamin Mason**

Mailing Address 1110 Eagle Ridge Rd

City State Zip Code  
 Cedar Falls IA 50613-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 16 / 2013

Transaction ID : BFBACD5E-2C23-43AE-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. John McGetrick**

Mailing Address Gessler Clinic  
 635 First St N

City State Zip Code  
 Winter Haven FL 33881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2013

Transaction ID : 390ABBC8-3F90-4108-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Robert Melendez**

Mailing Address 735 Grey Hawk Dr NE

City State Zip Code  
 Rio Rancho NM 87144-4709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : 850613BA-8B16-43B1-A

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.34

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Michael Edward Edward Migliori**

Mailing Address 120 Dudley St Ste 301

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : 04FEAC5A-997A-416C-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. John Mikulla**

Mailing Address 2400 Ardmore Blvd Ste 200

City

Pittsburgh

State

PA

Zip Code

15221-5299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

Transaction ID : E2A73099-5A7E-4A63-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Scott Miller**

Mailing Address 7232 Engle Rd

City

Fort Wayne

State

IN

Zip Code

46804-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

Transaction ID : AFC84B1C-0712-47CB-B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1583.33

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

### A. Lawrence Minardi

Mailing Address Ste 1

500 Donnally St

City

Charleston

State

WV

Zip Code

25301-1677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2013

Transaction ID : F252DC6B-353E-4642-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

### B. Amalia Miranda

Mailing Address Bldg A # 700

3435 NW 56th St

City

Oklahoma City

State

OK

Zip Code

73112-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1214.97

Date of Receipt

10 / 16 / 2013

Transaction ID : A5ECD90F-1ECE-4000-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

### C. Thomas Moore

Mailing Address 214 E Monterey Way

City

Phoenix

State

AZ

Zip Code

85012-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 5BFAE98D-447D-4319-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1448.33



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael George Morgan

Mailing Address 1617 Steele Blvd

City

Baton Rouge

State

LA

Zip Code

70808-1192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

699.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : 72EFA372-5445-433B-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sok Nam

Mailing Address 4278 W 3rd St

City

Los Angeles

State

CA

Zip Code

90020-3449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 16 / 2013

Transaction ID : 9A5C6365-BC27-484E-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Paul Orioli

Mailing Address PO Box 983

City

Norwich

State

NY

Zip Code

13815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 29 / 2013

Transaction ID : 77B6E6D5-C8C8-481D-8

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

782.33

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Paul Orloff**

Mailing Address 178 E 71st St

City  
New York

State Zip Code  
NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

**Transaction ID : 430094CA-3C26-430E-A**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Philip Paden**

Mailing Address Ste 110  
221 W Stewart Ave

City  
Medford

State Zip Code  
OR 97501-3647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 24 / 2013

**Transaction ID : 3C8A48B7-AEDA-414E-8**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. James Patterson**

Mailing Address 1666 S University Blvd

City  
Denver

State Zip Code  
CO 80210-2853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

10 / 29 / 2013

**Transaction ID : 00CB336E-7784-4B07-B**

Amount of Each Receipt this Period

199.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

814.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Julie Perry

Mailing Address Ste 200

999 Adams St

City

St Helena

State

CA

Zip Code

94574-1171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 16 / 2013

Transaction ID : 2638767E-20F7-4A3E-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. John Phillips

Mailing Address 521 Marshall Rd

City

Jacksonville

State

AR

Zip Code

72076-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 04 / 2013

Transaction ID : DA32CDB1-04FF-4EC0-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Lawrence Piazza

Mailing Address PO Box 1539

City

Blue Hill

State

ME

Zip Code

04614-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

999.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 16 / 2013

Transaction ID : A6059878-7D3E-4CC7-9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

490.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Dustin Pomerleau**

Mailing Address 195 Fore River Pkwy Ste 480

City State Zip Code  
Portland ME 04102-2787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 15 / 2013

Transaction ID : CC90AE80-B5ED-4051-9

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **B. Gregory Riffle**

Mailing Address Ste 110  
9485 Mentor Ave

City State Zip Code  
Mentor OH 44060-8724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 01 / 2013

Transaction ID : 6EBFF2D6-2536-495F-9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. James Ronk**

Mailing Address Ste 215  
6465 S Yale Ave

City State Zip Code  
Tulsa OK 74136-7804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2013

Transaction ID : AD4AF7A2-C2B0-46A2-9

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Harvey Rosenblum**

Mailing Address 220 Madison Ave

City  
New YorkState Zip Code  
NY 10016FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2013

Transaction ID : 01138978-1867-4CA7-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. David Rozas**

Mailing Address Ste 101

5 Saint Vincent Cir

City  
Little RockState Zip Code  
AR 72205-5415FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

Transaction ID : D8161F1B-385E-4E5A-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mark Ruchman**

Mailing Address 1449 Old Waterbury Rd

Suite 203

City  
SouthburyState Zip Code  
CT 06488FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.78

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 16 / 2013

Transaction ID : FBB6BE5D-DF0F-47B1-B

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

1406.67

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. David Daniel Saggau**

Mailing Address 2441 Jordan Trail

City

West Des Moines

State

IA

Zip Code

50265-5549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 17 / 2013

Transaction ID : 8E9B1378-4BF1-47C3-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ralph Sando Jr.**

Mailing Address 101 Laurier Pl

City

Bryn Mawr

State

PA

Zip Code

19010-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 24 / 2013

Transaction ID : 39933DD0-9998-4D0A-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Denise Satterfield**

Mailing Address 5301 F St Ste 202

City

Sacramento

State

CA

Zip Code

95819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

10 / 28 / 2013

Transaction ID : AFBF6100-DB04-4240-B

Amount of Each Receipt this Period

199.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1699.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Ravindra Shah**

Mailing Address 53 Sewall St

City

Portland

State

ME

Zip Code

04102-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2013

Transaction ID : D115A7D2-2F58-4D9C-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. David Shulman**

Mailing Address Ste 127

999 E Basse Rd

City

San Antonio

State

TX

Zip Code

78209-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.31

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : 183A6BCC-40BC-464D-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. R. Michael Siatkowski**

Mailing Address 608 Stanton L Young Blvd

City

Oklahoma City

State

OK

Zip Code

73104-5065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2013

Transaction ID : A556097B-D86E-4645-B

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

948.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Joseph Sidikaro**

Mailing Address Ste 410

435 N Roxbury Dr

City

Beverly Hills

State

CA

Zip Code

90210-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2013

**Transaction ID : 88470743-1D1E-4253-A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Siegal**

Mailing Address Ste 210

15340 Jog Rd

City

Delray Beach

State

FL

Zip Code

33446-2170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2013

**Transaction ID : BB9E83C6-1839-4C86-8**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**C. Daniel Smith**

Mailing Address 110 Pepper Hill Way

City

Aiken

State

SC

Zip Code

29801-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : 18A431C2E49E72DC5B5**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

782.33

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. L. Douglas Smith**

Mailing Address 10 Vision Ln

City

Natchez

State

MS

Zip Code

39120-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2013

**Transaction ID : 1B2B5375-06E3-4871-A**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Rand Spencer**

Mailing Address 2828 Hood St Apt 1107

City

Dallas

State

TX

Zip Code

75219-7809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

**Transaction ID : AC497D23-0D55-4C11-B**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. Michael Stiles**

Mailing Address 7200 W 129th St

City

Overland Park

State

KS

Zip Code

66213-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2013

**Transaction ID : 42341985-3532-4C31-A**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

760.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Cameron Stone**

Mailing Address 21 Medical Park Dr

City State Zip Code  
Asheville NC 28803-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1541.65

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

Transaction ID : FE79E17B-62D3-4C98-B

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

## **B. Donald Stone**

Mailing Address 7308 NE 101st Street

City State Zip Code  
Oklahoma City OK 73151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : B4243D9B-79E0-4A9C-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Prem Subramanian**

Mailing Address Woods 457  
600 N Wolfe St

City State Zip Code  
Baltimore MD 21287-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : 3514C818-90DF-4E03-8

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

322.08

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Charles Sung**

Mailing Address 317 N Delaware St

City

Kennewick

State

WA

Zip Code

99336-7750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

10 / 16 / 2013

Transaction ID : 399E07AF-2698-4643-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Myron Tanenbaum**

Mailing Address Galloway Professional Park  
7765 SW 87th Ave Ste 210

City

Miami

State

FL

Zip Code

33173-2586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

274.00

Date of Receipt

10 / 30 / 2013

Transaction ID : BA98BF12-F9F2-4DE8-B

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Clarissa Tendero**

Mailing Address 44688 Country Club Dr

City

El Macero

State

CA

Zip Code

95618-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 15 / 2013

Transaction ID : D1247292-B7EC-4603-8

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

481.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Frank Terrell**

Mailing Address PO Box 1317

City

Stephenville

State

TX

Zip Code

76401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2013

**Transaction ID : DCD9446A-052C-4275-A**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**B. Andrew Tharp**

Mailing Address 4233 Gateway Blvd

City

Newburgh

State

IN

Zip Code

47630-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : FF25D4E0-3FD2-41C1-9**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. William Thomas Walton**

Mailing Address 13919 Bluff Wind

City

San Antonio

State

TX

Zip Code

78216-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.67

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

**Transaction ID : 88E49624-55C4-4EA1-8**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

574.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Paul Weishaar**

Mailing Address Ste 200

530 N Lorraine St

City

Wichita

State

KS

Zip Code

67214-4837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2013

Transaction ID : 0128346A-73E1-402E-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Daniel Welch**

Mailing Address 407 Ave K SE

City

Winter Haven

State

FL

Zip Code

33880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2013

Transaction ID : AD51FE5E-CB03-4C2E-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Amy Wexler**

Mailing Address 509 S Lenola Rd

Ste 11

City

Lenola

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

10 / 30 / 2013

Transaction ID : F1C1F45E-9FB7-40A7-A

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Whitman**

Mailing Address Ste 400

2801 Lemmon Ave

City

Dallas

State

TX

Zip Code

75204-2399

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.30

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

**Transaction ID : 6FBF093E-C392-452A-8**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Wayne Whitmore**

Mailing Address 116 E 68th St

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 0B15A8DD-F10D-4BB6-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jeremy Wolfe**

Mailing Address 3535 West 13 Mile Rd Ste 344

City

Royal Oak

State

MI

Zip Code

48073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1291.71

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2013

**Transaction ID : C3C8DE75-572A-4FEF-9**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

666.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jeremy Wolfe**

Mailing Address 3535 W 13 Mile Rd  
Ste 344

City State Zip Code  
Royal Oak MI 48073-6770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1291.71

Date of Receipt

M M / D D / Y Y Y Y Y  
10 21 2013

**Transaction ID : 49EEB2174FAC6798BE1D**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Keye Luc Wong**

Mailing Address Building D  
3920 Bee Ridge Rd

City State Zip Code  
Sarasota FL 34233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 21 2013

**Transaction ID : 124E60CC-5EA2-4971-A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.34

**TOTAL** This Period (last page this line number only)..... ►

33784.36

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City San Francisco      State CA      Zip Code 94163

Purpose of Disbursement  
Bank charges - Oct 2013

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : 402A49CADEC4BF3AF40

Amount of Each Disbursement this Period

160.57

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City San Francisco      State CA      Zip Code 94163

Purpose of Disbursement  
AMEX charges - Oct 2013

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : 79DB68B63E68DF152F4

Amount of Each Disbursement this Period

2.42

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

162.99

162.99



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Ameripac: the Fund for a Greater America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2013 Contribution

011

**Transaction ID : 31197CF2EA7564BD2F2**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Ameripac: the Fund for a Greater America**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Full Name (Last, First, Middle Initial)

**B. Andrews for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 07076

Purpose of Disbursement  
2014 Primary

011

**Transaction ID : 5B84F7BA1995BEE8623**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Robert Ernest Andrews**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 01

Full Name (Last, First, Middle Initial)

**C. Capito for West Virginia**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
2014 Primary

011

**Transaction ID : 32307A21E71F4267F11**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Shelley Moore Capito**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Collins for Congress**

Mailing Address PO Box 1295

City	State	Zip Code
Gainesville	GA	30503

Purpose of Disbursement  
2014 Primary

011

Candidate Name

Douglas Allen Collins

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : AFF5C1B25538107F840

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Connolly for Congress**

Mailing Address 3706 Prado Place

City	State	Zip Code
Fairfax	VA	22031

Purpose of Disbursement  
2014 Primary

011

Candidate Name

Gerald E. Connolly

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : D224761676D30581A5C

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Continuing a Majority Party Action Committee (CAMPAC)**Mailing Address 5915 Eastman Avenue  
Suite 100

City	State	Zip Code
Midland	MI	48640-6824

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

Continuing a Majority Party Action Committee (CAMPAC)

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : CF959EED9A505B09427

Amount of Each Disbursement this Period

5000.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Georgians for Isakson**

Mailing Address Post Office Box 250116

City Atlanta	State GA	Zip Code 30325
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Purpose of Disbursement  
2016 Primary

011

Candidate Name

Johnny Isakson

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

Transaction ID : 8DD6C69684BE3825E80

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Gloria Negrete McLeod for Congress**

Mailing Address 5415 Francis Ave

City Chino	State CA	Zip Code 91710
---------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

011

Candidate Name

Gloria Negrete McLeod

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : D64612D0E50E507469D

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines	State IA	Zip Code 50304
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Purpose of Disbursement  
2016 Primary

011

Candidate Name

Charles E. Grassley

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : F0AEDF411A70F7501D2

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City Bakersfield	State CA	Zip Code 93389-2667
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Purpose of Disbursement  
2014 Primary

011

Candidate Name

Kevin McCarthy

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2013

Transaction ID : 092E116D712B4B6633D

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Mark Pryor for US Senate**

Mailing Address PO Box 2720

City Little Rock	State AR	Zip Code 72203
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Purpose of Disbursement  
2014 Primary

011

Candidate Name

Mark Lunsford Pryor

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 0A4E1E5837FCDFAA259

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pete Sessions for Congress**

Mailing Address PO Box 823047

City Dallas	State TX	Zip Code 75382-3047
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Purpose of Disbursement  
2014 Primary

011

Candidate Name

Peter Anderson Sessions

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

Transaction ID : 5FB957D39A097D8CB2A

Amount of Each Disbursement this Period

5000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Randy Hultgren for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address PO Box 717

City	State	Zip Code
St Charles	IL	60174-0717

Transaction ID : 9B55BB5AA2907988083

Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Randall M. Hultgren

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 14

2500.00

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address PO Box 99567

City	State	Zip Code
Raleigh	NC	27624

Transaction ID : FDFBAC0D793E73F7B89

Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Renee Jacisin Ellmers

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

1000.00

Full Name (Last, First, Middle Initial)

**C. Sherman for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Transaction ID : BD13CBC45EA9567862D

Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Brad J. Sherman

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 30

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Ted Deutch for Congress Committee**

Mailing Address 1050 17th St, NW, Ste 590

City Washington	State DC	Zip Code 20036
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Purpose of Disbursement  
2014 Primary

011

Candidate Name

Theodore Eliot Deutch

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 616ACC3462C534EAE3

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Texans for Lamar Smith**

Mailing Address PO Box 6155

City San Antonio	State TX	Zip Code 78209-0155
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Purpose of Disbursement  
2014 Primary

011

Candidate Name

Lamar Seeligson Smith

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

Transaction ID : DB09DAB9F596CD05B91

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. The Committee for the Preservation of Capitalism**

Mailing Address PO Box 65314

City Washington	State DC	Zip Code 20035-5314
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Purpose of Disbursement  
2013 Contribution

011

Candidate Name

The Committee for the Preservation of Capitalism

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 822F3CC04CF1623778D

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Tiberi for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2014 Primary

011

**Transaction ID : BBAE67D2088148B8B4C**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Patrick J. Tiberi**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Full Name (Last, First, Middle Initial)

**B. Vote To Elect Republicans Now PAC (VERN PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2013

Mailing Address 22780 Indian Creek Drive, Ste 100

City Dulles State VA Zip Code 20166

Purpose of Disbursement  
2013 Contribution

011

**Transaction ID : 27CA3C5A65285BEB3FD**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Vote To Elect Republicans Now PAC (VERN PAC)**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2016 Primary

011

**Transaction ID : 0BAEA4EA85A48E1EE52**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Ron Wyden**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

52500.00